

Research Paper

Psychological Treatment of Depression in Global Society

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ABSTRACT

Depression is a prevalent and debilitating mental health condition affecting individuals across the globe, with significant impacts on both personal well-being and societal productivity. This article provides an overview of the current understanding of depression, discussing its widespread prevalence and the various psychological treatments available. The effectiveness of several evidence-based therapies, including Cognitive Behavioural Therapy (CBT), Interpersonal Therapy (IPT), Mindfulness-Based Cognitive Therapy (MBCT), and Acceptance and Commitment Therapy (ACT), is examined in detail. Each of these therapies offers unique approaches to managing depressive symptoms and promoting recovery. The article also highlights specific barriers to accessing psychological treatment in India, such as stigma, limited mental health resources, and economic constraints. By outlining the efficacy of various therapeutic interventions and identifying the challenges faced in different contexts, this chapter highlights the importance of tailored treatment approaches and the need for continued efforts to improve access to mental health care for those affected by depression.

Keywords: *Depression, Psychological Treatment, Cognitive Behavioral Therapy (CBT), Interpersonal Therapy (IPT), Mindfulness-Based Cognitive Therapy (MBCT), Acceptance and Commitment Therapy (ACT), Prevalence, Therapy Effectiveness, Barriers to Treatment*

“Depression is volumes in silence. Its symptoms are hidden and reveal a darker world in which a person suffers.”

Depression is one of the most prevalent mental health disorders and a leading cause of disability worldwide. It is a mood disorder which is characterized by persistently low mood, anhedonia, lack of energy, and reduced interest in activities. It also includes secondary symptoms such as poor sleep and appetite, a pessimistic outlook on life, decreased attention and concentration, feelings of guilt, passive and active death wishes and psychomotor disturbances, if it is left untreated it leads to severe and lethal consequences like suicide and death. Depression often follows a chronic course, leading to poor well-being and quality of life for those affected. It is also associated with increased mortality and medical co-morbidities (Lim et al., 2018). According to Mathers and Loncar (2006),

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depression is a public health concern and is expected to have a major role in the world's illness burden by 2030. This chapter delves into the multifaceted nature of depression, examining its prevalence both globally and within the specific context of India. We will explore prominent theories that seek to explain the development and maintenance of depression, followed by a discussion of evidence-based psychological treatments that offer hope and healing. Finally, we will address the challenges and considerations inherent in providing effective mental health care in a globalized society, emphasizing the need for culturally sensitive and accessible interventions.

Prevalence of Depression

In 2015 it was estimated that there were over 300 million cases of depression worldwide or 4.3% of the world's population. According to the National Mental Health Survey conducted in 2015–16, one in every 20 Indian people has depression, and approximately 15% of Indian individuals require active intervention for one or more mental health conditions. Over 258,000 suicides have been reported to have occurred in India in 2012, with the 15–49 age being impacted the most. Depression accounted for 7.5% of all years lived with a disability in 2015, making it the leading cause of disability worldwide. When depression reaches its worst, it can result in suicide, which claims the lives of over 800 000 individuals annually. For those aged between the ages of 15 and 29, it ranks as the second most common cause of death. With 7.5% of all years lived with a disability in 2015, depression is the leading cause of disability worldwide. An estimated 800,000 individuals die by suicide each year as a result of depression at its worst. In people aged 15 to 29, it ranks as the second most common cause of death. Meta-analysis, of studies conducted across globe, reported the aggregate lifetime prevalence of depression as 10.8%.

Depression is a pervasive mental health issue that affects individuals worldwide, contributing to significant personal, social, and economic burdens. While the causes of depression are multifaceted, encompassing genetic, biological, and environmental factors, psychological treatments are highly effective in managing and alleviating depressive symptoms. Numerous studies have demonstrated the effectiveness of psychotherapy in controlling depression, enhancing quality of life, and reducing the symptoms of depression. McHugh et al. (2013) found that 75% of patients with mental problems preferred psychotherapy to medication in a comprehensive review of 34 studies. While this preference may be affected by the severity of depression, those who are more severely afflicted are likely to choose medicine. (Magnani M, et al., 2016).

Psychotherapy for Depression

Campbell and Norcross (2013) has defined Psychotherapy as “the informed and intentional application of clinical methods and interpersonal stances derived from established psychological principles for the purpose of assisting people to modify their behaviors, cognitions, emotions, and/or other personal characteristics in directions that the participants deem desirable. Psychological treatments, also known as psychotherapies, are integral to the management of depression. While pharmacological treatments like antidepressants are commonly used, they may not be sufficient or suitable for all individuals due to side effects or personal preferences. Psychological treatments offer a holistic approach, addressing the underlying cognitive, emotional, and behavioral factors contributing to depression.

Psychotherapies provide skills and strategies to manage symptoms, reduce the risk of relapse, and improve overall mental health. They can be used as standalone treatments or in

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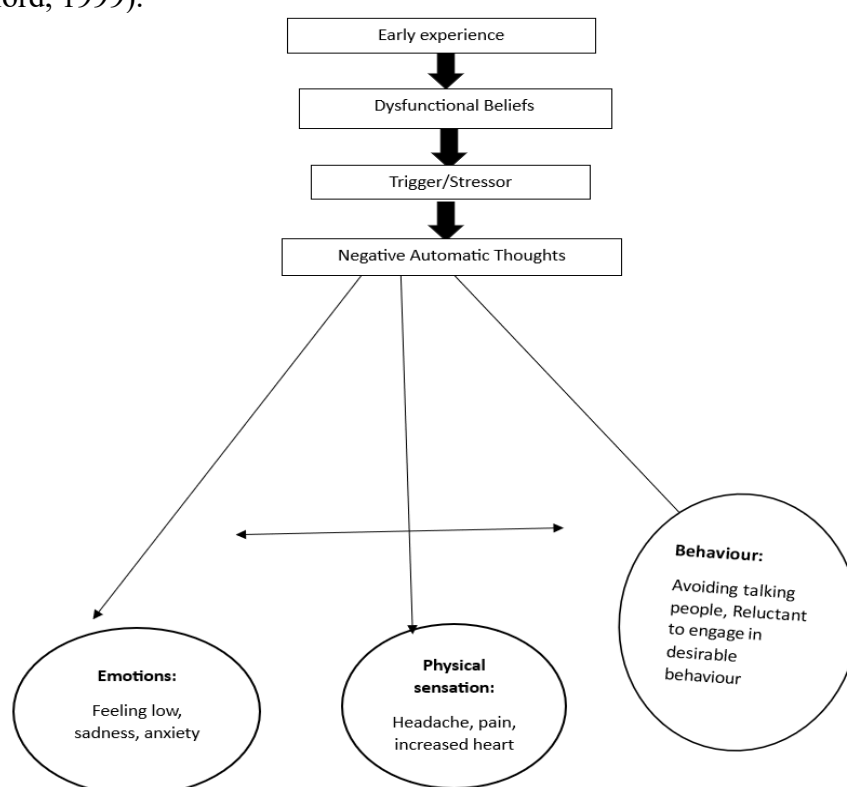
combination with medications to provide comprehensive care tailored to individual needs. Below are some most effective psychological treatments of depression.

Cognitive Behavioural Therapy (CBT)

Theoretical Principle

Since 1967, one of the most significant theories of depression has been that of psychiatrist Aaron Beck (b. 1921), who created his own cognitive theory of depression after growing disillusioned with psychodynamic theories of the disorder early in his career (e.g., Beck, 1967; Clark, Beck, & Alford, 1999). Although affective or mood symptoms are typically thought to be the most noticeable symptoms of depression, Beck proposed that the cognitive symptoms of sadness frequently come before and contribute to the affective or mood symptoms instead of the other way around.

Beck believed that initially, there are fundamental maladaptive convictions, referred to as depressogenic schemas. These negative beliefs and schemas are developed because of their early childhood experiences or themes of loss, inadequacy, interpersonal rejection, and worthlessness. They constitute a cognitive vulnerability (diathesis). When dysfunctional beliefs are triggered by current stressors or a depressed mood, they tend to fuel the current thinking pattern and create a pattern of negative automatic thoughts, which often occur just below the surface of awareness and involve unpleasant, pessimistic predictions. Although they may lie dormant for years in the absence of significant stressors, dysfunctional beliefs tend to fuel the current thinking pattern. The three themes of what Beck refers to as the negative cognitive triad are typically at the core of these gloomy forecasts: (1) negative view about self (“I’m ugly,” “I’m worthless,” or “I’m a failure”); (2) negative thoughts about one’s experiences and world (“No one loves me,” or “People treat me badly”); and (3) negative thoughts about one’s future (“It’s hopeless because things will always be this way”; (Clark, Beck, & Alford, 1999).



Note: Cognitive model explains that how dysfunctional beliefs trigger automatic thoughts that in turn produce depressive symptoms (Adapted from Fennell, 1989)

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CBT is one of the most widely used and researched therapies for depression. It is based on the principle that negative thought patterns and behaviours contribute to depressive symptoms. CBT helps individuals identify and challenge these patterns, replacing them with more balanced and constructive thoughts and actions (Beck, 1976). It is done in 3 phases

- Symptom relief and reengaging the client: It involves reengaging the client and using reinforcement strategies.
- Cognitive Change: This phase involves understanding the dysfunctional beliefs and automatic negative thoughts, modifying negative thoughts.
- Maintenance of treatment effects and relapse prevention

Effectiveness and Applications

CBT has been shown to be effective in reducing symptoms of depression and preventing relapse, making it a first-line treatment for many individuals (Hofmann et al., 2012).

Behavioural Activation Therapy

Theoretical Foundations:

Behavioural Activation (BA) is rooted in the principles of behavioral psychology, particularly those related to reinforcement theory and learning. It emerged from the broader framework of Cognitive Behavioural Therapy (CBT) but places a stronger emphasis on behaviour rather than cognition.

- **Reinforcement Theory:** BA is based on the idea that depression is maintained by a cycle of avoidance and withdrawal, leading to a reduction in positive reinforcement from the environment (Ferster, 1973). This lack of reinforcement perpetuates depressive symptoms, as individuals engage less in activities that could provide pleasure or a sense of accomplishment.
- **Functional Analysis:** The approach involves analysis the function of behaviours to understand how they contribute to the maintenance of depression. It identifies patterns of avoidance and inactivity that reduce opportunities for positive reinforcement (Martell et al., 2001).
- **Behavioural Activation Model:** This model posits that increasing engagement in meaningful and rewarding activities can disrupt the cycle of depression. It focuses on activity scheduling and goal setting to encourage behaviours that are likely to produce positive reinforcement and improve mood (Lewinsohn et al., 1979).

BA is a straightforward and effective treatment for depression that focuses on increasing engagement in activities that are rewarding and meaningful. It aims to break the cycle of avoidance and inactivity that often accompanies depression (Lewinsohn et al., 1979). It focuses on:

- **Activity Scheduling:** Planning and engaging in activities that provide a sense of accomplishment and pleasure. The patient registers pleasant routine and essential activities. The patient is stimulated to increase positive interactions with his or her environment

Effectiveness and Applications:

- BA is as effective as CBT in treating depression and is particularly useful for individuals who struggle with inactivity and lack of motivation (Ekers et al., 2014).
- BA is effective in treating depression by helping individuals increase their level of activity and reduce avoidance behaviors. It is particularly useful for those who find traditional cognitive interventions challenging and has been implemented

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successfully in various settings, including primary care and community mental health services (Ekers et al., 2014).

- Behavioural activation can be a stand-alone treatment itself (Martell et al., 2011) but can also be used with CBT, Problem solving and family therapy.

Interpersonal Therapy (IPT)

Theoretical Foundations:

IPT has no specific theoretical origin although its theoretical basis can be seen as coming from the work of Sullivan, Meyer, and Bowlby. The current form of the treatment was developed by the late Gerald Klerman and Myrna Weissman in the 1980s. Interpersonal Therapy (IPT) is a time-limited, evidence-based treatment that focuses on the interplay between depressive symptoms and interpersonal relationships. It is grounded in the belief that improving interpersonal functioning can alleviate depressive symptoms and prevent relapse.

- Attachment Theory: IPT draws on attachment theory, which suggests that early relationships with caregivers shape interpersonal functioning and emotional well-being (Bowlby, 1969). Disruptions in these relationships, such as loss or conflict, can lead to depression.
- Interpersonal Theory: IPT is also influenced by interpersonal theory, which posits that interpersonal issues, such as role disputes and social isolation, contribute significantly to the onset and maintenance of depression (Sullivan, 1953). The therapy aims to address these issues to improve mental health.
- Life Events and Stressors: IPT is based on the understanding that stressful life events, such as grief or role transitions, can trigger depressive episodes. By addressing the interpersonal aspects of these events, IPT helps individuals manage their emotional responses and reduce depressive symptoms (Weissman et al., 2000).

IPT focuses on improving interpersonal relationships and social functioning, which are often disrupted in individuals with depression. It is based on the idea that interpersonal issues, such as conflicts, role transitions, and grief, can contribute to depressive symptoms (Klerman et al., 1984).

- Role Transitions: Helping individuals adapt to significant life changes, such as job loss, divorce, or the death of a loved one.
- Interpersonal Disputes: Addressing and resolving conflicts in personal relationships to improve social support and reduce stress.

Effectiveness and Applications:

IPT has been found to be effective for a range of depressive disorders, including major depressive disorder and dysthymia. Research indicates that IPT is particularly beneficial for individuals whose depression is closely linked to interpersonal issues (Cuijpers et al., 2011)

Mindfulness-Based Cognitive Therapy (MBCT)

Theoretical Foundations:

MBCT combines principles of cognitive therapy with mindfulness practices, which involve paying attention to the present moment without judgment. It is particularly useful for individuals with recurrent depression, as it helps prevent relapse by increasing awareness of and detachment from negative thought patterns (Segal et al., 2002).

- Cognitive Theory of Depression: MBCT builds on the cognitive theory that depressive relapses are often triggered by the reactivation of negative thinking

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patterns in response to stress (Beck, 1976). It posits that habitual, ruminative thinking patterns contribute to the maintenance of depression.

- **Mindfulness Theory:** Mindfulness involves paying attention to the present moment in a non-judgmental way, which helps individuals observe their thoughts and feelings without becoming entangled in them. This approach draws heavily from Buddhist meditation practices and has been adapted for therapeutic use (Kabat-Zinn, 1990).
- **Metacognitive Awareness:** MBCT emphasizes increasing metacognitive awareness, which is the ability to view thoughts and feelings as mental events rather than reflections of reality. This helps individuals recognize early warning signs of depression and disengage from negative thinking patterns (Segal et al., 2002).

MBCT focuses on:

- **Mindfulness Practices:** Techniques like meditation, mindful breathing, and body scan exercises help individuals develop greater awareness of their thoughts and feelings.
- **De-centering:** Learning to view thoughts and feelings as transient events rather than reflections of reality, reducing the impact of negative thoughts.

Effectiveness and Applications:

MBCT is particularly effective in preventing relapse in individuals with recurrent depression. Studies have shown that it significantly reduces the risk of relapse and improves emotional regulation and well-being (Piet & Hougaard, 2011). It has also been adapted for use with other conditions, such as anxiety disorders and chronic pain. MBCT has been shown to reduce the risk of relapse in individuals with recurrent depression and improve overall emotional regulation (Piet & Hougaard, 2011).

Acceptance and Commitment Therapy (ACT)

Theoretical Foundation

Acceptance and Commitment Therapy (ACT) is part of the "third wave" of cognitive-behavioral therapies. It focuses on psychological flexibility through acceptance, mindfulness, and behavioral change strategies. ACT is a form of therapy that encourages individuals to accept their thoughts and feelings rather than trying to change them. It focuses on living a values-driven life and committing to actions that align with personal values, even in the presence of difficult emotions (Hayes et al., 1999).

- **Relational Frame Theory (RFT):** ACT is grounded in Relational Frame Theory, which suggests that language and cognition are based on relational networks. These networks can lead to psychological inflexibility when individuals become entangled in unhelpful thought patterns (Hayes et al., 2001).
- **Experiential Avoidance:** The theory posits that attempts to avoid or control unwanted thoughts and feelings can lead to increased psychological distress and maladaptive behaviours. ACT encourages acceptance of these experiences as a way to reduce their impact on behaviour (Hayes et al., 1996).

ACT focuses on:

- **Acceptance:** Embracing all thoughts and feelings without judgment or attempts to change them.
- **Commitment to Values:** Identifying core values and taking actions consistent with those values to lead a meaningful life.

Effectiveness and Applications:

ACT has been found effective for a variety of mental health conditions, including depression, anxiety, and chronic pain. It helps individuals build a more flexible and adaptive approach to managing psychological distress, leading to improved overall functioning and well-being (A-Tjak et al., 2015).

Effectiveness of Psychological Treatments

Numerous studies have demonstrated the effectiveness of psychological treatments for depression. Meta-analyses and systematic reviews have consistently shown that therapies like CBT, IPT, MBCT, and ACT can significantly reduce depressive symptoms and improve overall functioning (Cuijpers et al., 2013).

- **CBT:** Effective in both the short-term and long-term management of depression, with a strong evidence base supporting its use (Hofmann et al., 2012).
- **IPT:** Particularly beneficial for individuals with relationship issues and has been shown to reduce depressive symptoms and improve social functioning (Cuijpers et al., 2011).
- **MBCT:** Effective in preventing relapse in individuals with recurrent depression and improving mindfulness and emotional regulation (Piet & Hougaard, 2011).
- **ACT:** Shows promise for individuals who struggle with emotional avoidance and has been found to reduce depressive symptoms and improve psychological flexibility (A-Tjak et al., 2015).
- **BA:** Effective in reducing depressive symptoms, particularly in individuals with severe depression, and can be implemented in various settings, including primary care (Ekers et al., 2014).

Choosing the Right Treatment

The choice of psychological treatment depends on several factors, including the severity of depression, the presence of co-occurring disorders, individual preferences, and the availability of trained therapists. A comprehensive assessment by a mental health professional is essential to determine the most appropriate treatment plan.

In many cases, a combination of therapies may be the most effective approach. For example, combining CBT with medication or integrating mindfulness practices with traditional therapy can enhance treatment outcomes. It is also important to consider the individual's cultural background, personal values, and specific needs when designing a treatment plan.

Challenges and Future Directions

Barriers to Effective Treatment

Common barriers to effective treatment include stigma surrounding mental health, limited access to care, and issues with treatment adherence. Addressing these barriers is essential for improving the effectiveness of depression treatment.

- **Stigma and Cultural Beliefs:** Mental health stigma remains a significant barrier in India, affecting help-seeking behaviour. Studies highlight cultural beliefs that view mental illness as a personal weakness or spiritual affliction rather than a medical condition (Patel et al., 2016; Nair & Healy, 2018).
- **Lack of Awareness and Education:** Limited understanding of mental health and psychotherapy among the public contributes to low utilization rates. A study by Grover et al. (2019) emphasized the need for educational campaigns to improve awareness.

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- **Shortage of Trained Professionals:** There is a scarcity of mental health professionals, particularly in rural areas. According to the World Health Organization (WHO), there are only 0.3 psychiatrists per 100,000 people in India, far below the global average (WHO, 2021).
- **Cost and Affordability:** High costs associated with mental health services, including psychotherapy, pose a significant barrier. A study by Shidhaye et al. (2015) highlighted financial constraints as a major reason for underutilization of mental health services in India.
- **Preference for Traditional Healing Practices:** Many Indians prefer traditional healers due to cultural beliefs and familiarity. This preference can delay or deter individuals from seeking evidence-based psychotherapeutic treatments (Sagar & Pattana yak, 2010).
- **Legal and Regulatory Issues:** The lack of a clear regulatory framework for psychotherapy and counselling in India complicates professional practice and standards (Singh & Philip, 2016).
- **Limited Mental Health Infrastructure:** The healthcare system in India is under-resourced, with mental health often not receiving adequate attention or funding compared to physical health (Math et al., 2020).
- **Addressing these barriers** requires concerted efforts from policymakers, healthcare providers, and communities to improve mental health literacy, expand workforce capacity, reduce stigma, and integrate mental health services into primary healthcare.

Innovations in Treatment Delivery

Innovations such as teletherapy, online interventions, and the use of artificial intelligence in therapy are expanding access to treatment and providing new avenues for delivering effective care. The treatment of depression is a complex and multifaceted challenge that requires the expertise and compassionate care of mental health professionals. While AI and computer-assisted applications offer promising tools for enhancing mental health care, they cannot replace the personalized, nuanced, and empathetic approach provided by trained clinicians. Professional help remains essential for accurately diagnosing and effectively treating depression, particularly in severe or complicated cases.

CONCLUSION

Depression, a widespread and deeply impactful mental health condition, requires a nuanced understanding and a multifaceted approach to treatment. This article has explored the complex nature of depression, its alarming prevalence. Psychological treatments for depression, such as Cognitive Behavioural Therapy (CBT), Interpersonal Therapy (IPT), Mindfulness-Based Cognitive Therapy (MBCT), Acceptance and Commitment Therapy (ACT), and Behavioural Activation (BA), offer robust frameworks for addressing the cognitive, emotional, and behavioural aspects of depression. These therapies have demonstrated efficacy in helping individuals reframe negative thought patterns, improve interpersonal relationships, and engage in meaningful activities, all of which contribute to alleviating depressive symptoms and promoting mental well-being.

Each psychological approach offers unique strengths, and the most effective treatment plans often integrate multiple modalities tailored to the individual's specific needs. This personalized approach not only enhances the effectiveness of treatment but also empowers individuals to take an active role in their recovery journey.

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Conflict of Interest

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